E	ill in this inform	nation to i	dentify your case:						
		nation to identify your case:							
	Debtor 1	Mark First Name Middle Name		Last Name		— _{Che}	check if this is:		
	Debtor 2						An amended filing		
	(Spouse, if filing)	First Name	Middle Name	Last Name		— <u>—</u>	•		
	United States Bankı	-	•	T. OF PENNSYL	VANIA	_ _	A supplement showing postpetition chapter 13 income as of the following date:		
	Case number (if known)	5:22-bk-(00590		_		MM / DD / YYYY		
Of	ficial Form 10	<u> </u>							
Sc	hedule I: Yo	ur Incor	ne				12/15		
res inc abo you	ponsible for supply lude information al out your spouse. If ur name and case n	ying correct bout your spaces	information. If you are pouse. If you are separ e is needed, attach a se nown). Answer every o	e married and not rated and your spo eparate sheet to th	filing jointly ouse is not f	, and your : iling with y	Debtor 2), both are equally spouse is living with you, ou, do not include information any additional pages, write		
1.	Fill in your emplo	yment							
	information. If you have more t	han one		Debtor 1			Debtor 2 or non-filling spouse Employed		
	job, attach a separ	rate page	Employment status	☐ Employed					
	with information at additional employe			✓ Not employe	ed		□ Not employed		
	additional employe	515.	Occupation						
	Include part-time, or self-employed v		Employer's name						
	Occupation may in		Employer's address						
	student or homem applies.	maker, if it		Number Street			Number Street		
							-		
				City	State	Zip Code	City State Zip Code		
			How long employed t	here?		_			
Р	art 2: Give D	etails Ab	out Monthly Incom	е					
				n. If you have noth	ing to report	for any line	write \$0 in the space. Include your		
	n-filing spouse unles	•		er combine the info	ormation for	ali emplove	rs for that nerson on the lines below. If		
If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.									
					For D	ebtor 1	For Debtor 2 or non-filing spouse		
2.	List monthly gros payroll deductions would be.	ss wages, so). If not paid	alary, and commission i monthly, calculate wha	s (before all t the monthly wage	2	\$0.00			
3.	Estimate and list	monthly ov	ertime pay.		3. +	\$0.00			
4.	Calculate gross i	ncome. Ad	d line 2 + line 3.		4.	\$0.00			

Deb	tor 1	Mark Loftus		Case num	ber (if known)	5:22-bk-00590
				For Debtor 1	For Debtor 2 non-filing spe	
	Copy	y line 4 here 🛨	4.	\$0.00		
5.	List	all payroll deductions:				
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$0.00		
	5b.	Mandatory contributions for retirement plans	5b.	\$0.00		
			5c.	\$0.00		<u> </u>
	5d.	Required repayments of retirement fund loans	5d.	\$0.00		
	5e.	Insurance	5e.	\$0.00		
	5f.	Domestic support obligations	5f.	\$0.00		
		Union dues	5g.	\$0.00		
	-	Other deductions. Specify:	5h	+ \$0.00		<u>_</u>
6.	Add 5g +	the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5h.	6.	\$0.00		
7.	Calc	sulate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$0.00		
8.		all other income regularly received: Net income from rental property and from operating a business, profession, or farm	8a.	\$0.00		_
		Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.				
	8b.	Interest and dividends	8b.	\$0.00		
		Family support payments that you, a non-filing spouse, or a dependent regularly receive	8c.	\$50.00		_
		Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.				
	8d.	Unemployment compensation	8d.	\$0.00		
	8e.	Social Security	8e.	<u>\$1,581.00</u>		
		Other government assistance that you regularly receive Include cash assistance and the value (if known) or any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.				
		Specify:	8f.	\$0.00		
	8g.	Pension or retirement income	- 8g.	\$0.00		
	8h.	Other monthly income.				
		Specify: Unum Suppl. Disability	8h	+ \$609.00		_ ,
) .	Add	all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9.	\$2,240.00		
10.		tulate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$2,240.00	+	= \$2,240.00
11.	Inclu	e all other regular contributions to the expenses that you list in S ide contributions from an unmarried partner, members of your househ ds or relatives.	chedi nold, y	ule J. our dependents, your	roommates, an	d other
Do not include any amounts already included in lines 2-10 or amounts that a				not available to pay e	xpenses listed i	n Schedule J.
	Spec	sify:			 _	11. +\$0.00
I 2 .	incor	the amount in the last column of line 10 to the amount in line 11. me. Write that amount on the Summary of Your Assets and Liabilities	The i	result is the combined Certain Statistical Info	I monthly	12. \$2,240.00
		applies.			- ' •	Combined monthly income

Debtor 1		Mark	Loftu	us	Case number (if known)	5:22-bk-00590	
13.	Do	ou expect an increase or decrease within the year after you file this form		ncrease or decrease within the year after you file this form?			
	abla	No.	ſ	None.			
		Yes. Expla	ain:				